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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 3711
Examiner : Raleigh W. Chiu
Serial No. : 10/781,603
Filed : February 18, 2004
Inventor : Casey Norman
Title : A PLAYING PIECE

Customer No.: 035811

Docket No.: 1019-04
Confirmation No.: 2672
Dated: February 1, 2005

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Certificate of Mailing Under 37 CFR 1.8

For

Postcard
Amendment Transmittal Letter, in duplicate
Amendment

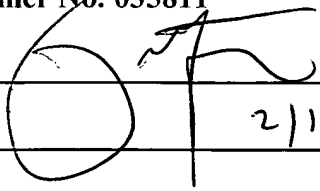
I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to **Mail Stop AF**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney
or Registered Representative:

DLA Piper Rudnick Gray Cary US LLP
Customer No. 035811

By: _____

Date: _____


2/1/05



Attorney Docket No.: 1019-04

In re Application of Casey Norman

Serial No.: 10/781,603

Filed: February 18, 2004

For: A PLAYING PIECE

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

___ Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.

___ A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.

x No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	RATE		RATE
		PRESENT EXTRA	ADD'L FEE		ADD'L FEE
TOTAL	*12	- **20 = 0	x 25 = \$		x 50 = \$
INDEP.	* 4	- ** 4 = 0	x 100 = \$		x 200 = \$
Application Size Fee			\$		x 250 = \$
First Presentation of Multiple Dependent Claim			+ 180 = \$		+ 360 = \$

TOTAL ADDITIONAL FEE \$ _____ OR \$ _____

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

___ Please charge my Deposit Account No. 50-2719 in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.

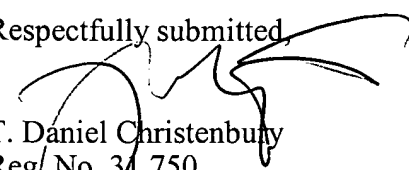
___ A check in the amount of \$ _____ is attached.

— The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.

x Any filing fees under 37 CFR §1.16 for the presentation of extra claims.

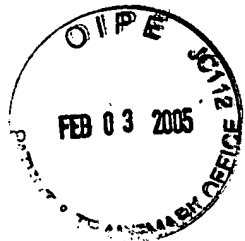
x Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.

Respectfully submitted,



T. Daniel Christenbury
Reg. No. 31,750
Paul A. Taufer
Reg. No. 35,703
Attorneys for Applicant

TDC:lh
(215)656-3381



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AMENDMENT

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Alexandria, VA 22313-1450

Sir:

In response to the Official Action dated November 1, 2004, Applicant amends the
Application as follows: